

FILED FEB 10 1942

Registration District No. 25

Primary Registration District No. 1001

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 Days
(Specify whether
In this community 25 years
years, months or days)

3. (a) PRINT
FULL NAME

Lydia Mays

3. (b) If veteran,
name war ✓

3. (c) Social Security
No. None

4. Sex Female / 5. Color or
race White

6. (a) Single, widowed, married,
divorced Widow

6. (b) Name of husband or wife
John W. Mays

6. (c) Age of husband or wife if
alive 26 years
(Day) (Year)

7. Birth date of deceased May
(Month)

1847
(Day) (Year)

8. AGE: Years Months Days If less than one day
94 7 18 hr. min.

9. Birthplace Clarion County Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Fred E. Porter

13. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Bible Records

(b) Address 716 North 6th St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Jan. 16/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon St., St. Joseph, Missouri

19. (a) Jan 16 1942 (b) H. J. Neustadt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 716 North 6th. Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14
year 1942 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from
Jan 11, 1942 to Jan 14, 1942
that I last saw her alive on Jan 13, 1942
and that death occurred on the day and hour stated above.

Immediate cause of death Chronic myocarditis
Duration Don't know

Due to Hypertension Arterio
Sclerosis General Don't know

Due to

Other conditions Hepatitis Chronic
(Include pregnancy within 3 months of death)

Major findings:
Of operations 12/16

Of autopsy None
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature E. M. Shores (M. D. or other) M. D.
Address 317 Park Street, St. Joseph, Mo. Date signed 1-14-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Obey Jester

Licensed Embalmer No. 4154 Missouri

P. O. Address: St. Joseph, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.